Every year, due to accident or illness, thousands of people need medical care – but are unable to speak for themselves or describe their medical conditions.

The ICE (In Case of Emergency) Card has been developed to help you – and your loved ones in such a situation.

Take a few minutes to fill one out with as much information as you can – then print it, fold it over, laminate it and put it in your wallet where it will be visible to an EMT or other Medical Professional in an emergency.

Then, make one for everyone you care about.

It just might save a life.

## Wallet Card

ICE – I	n Case of Eme	ergency
Name:		<u> </u>
Address/Pho	ne:	
Emergency Contacts (Name/Phone)		
1)		
2)		
Primary Care Physician:		
Chronic Conditions:		
Chronic Conditions.		
Medical/Surgical History:		
,		
Drug Allergies:		
	ar/Daily Medic	
Name	Dose (mg)	Taken
Other Information		
DI 17		
Blood Type:		
Insurance:		
Policy Holder		
Policy No:		
Group No:		

## Badge Card

ICE – In Case of Emergency
Name:
Emergency Contacts (Name/Phone)
1)
2)
Primary Care Physician:
Drug Allergies:
Other Information
Additional information is located